

TRANSMITTAL FORM

(for all correspondence after initial filing)

| | | | |
|----------------------|------------------|-------------|----|
| Attorney Docket No. | ONX-117B | Total Pages | 11 |
| Application Number | 09/853,870 | | |
| Filing Date | MAY 11, 2001 | | |
| First Named Inventor | MURALI CHAPARALA | | |
| Group Art Unit | 2874 | | |
| Examiner | OMAR R. ROJAS | | |

ENCLOSURES (check all that apply)

| | |
|---|--|
| <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) | <input type="checkbox"/> Response to Notice of Missing Parts |
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Applicant Claims Small Entity Status |
| <input checked="" type="checkbox"/> Fee Attached: PTO-2038 for \$506.00 | <input type="checkbox"/> Declaration by Inventors |
| <input checked="" type="checkbox"/> Response/Amendment (7 pages) | <input type="checkbox"/> Assignment papers |
| <input type="checkbox"/> After Final Rejection | <input type="checkbox"/> Power of Attorney by Assignee |
| <input type="checkbox"/> After Allowance communication to Group | <input type="checkbox"/> IDS/PTO-1449 |
| <input type="checkbox"/> with Corrected Drawing(s) Total Sheets: [] | <input type="checkbox"/> with copies of cited references |
| <input type="checkbox"/> with Affidavits/Declarations | <input type="checkbox"/> New Power of Attorney and Revocation of Old |
| <input checked="" type="checkbox"/> Extension of Time Request (1-month) | <input type="checkbox"/> Change of Correspondence Address |
| <input type="checkbox"/> Terminal Disclaimer under 37 CFR 1.321(c) | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Express Abandonment Request | |

SIGNATURE OF AGENT

NAME JOSHUA D. ISENBERG, REG. NO. 41,088

Signature *Joshua D. Isenberg*

5/27/2004

I hereby certify that I am mailing this correspondence on the date indicated below to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313, using the "Express Mail Post Office to Addressee" service of the United States Postal Service under 37 CFR 1.10.

B. Li
SIGNATURE

DATE OF MAILING: MAY 27, 2004

BING LI
NAME OF PERSON SIGNING

EXPRESS MAIL LABEL

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MAY 27 2004

FEE TRANSMITTAL

| | |
|-----------------------|--|
| Application Number: | 09/853,870 |
| Filing Date: | May 11, 2001 |
| First Named Inventor: | Murali Chaparala |
| Title of Invention: | MAGNETIC POSITION DETECTION APPARATUS FOR MICRO MACHINED OPTICAL ELEMENT |
| Group Art Unit: | 2874 |
| Examiner: | Omar R. Rojas |
| Attorney Docket No.: | ONX-117B |

Fee Calculation:for Large Entity / Small Entity.**Basic Billing Fee:**

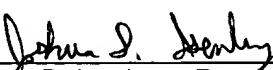
| | | | |
|---|--|---------------|----|
| 5 | <input type="checkbox"/> Utility Patent Application: | \$770 / \$385 | \$ |
| | <input type="checkbox"/> Provisional Patent Application: | \$160 / \$80 | \$ |

Claims:

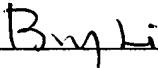
| | | | |
|----|---|-----------------|-------|
| 10 | <input type="checkbox"/> Number of Total Claims Over 20: [] | x \$18 / \$9 = | \$ |
| | <input checked="" type="checkbox"/> No. of Independent Claims Over 3: [1] | x \$86 / \$43 = | \$ 86 |

Other Fees:

| | | | |
|----|--|----------------|--------|
| 15 | <input type="checkbox"/> Extension of time, 1 month | \$110 / \$55 | \$ |
| | <input checked="" type="checkbox"/> Extension of time, 2 months | \$420 / \$210 | \$ 420 |
| | <input type="checkbox"/> Extension of time, 3 months | \$950 / \$475 | \$ |
| | <input type="checkbox"/> Extension of time, 4 months | \$1480 / \$740 | \$ |
| | <input type="checkbox"/> Missing Parts Surcharge (Regular Application) | \$130 / \$65 | \$ |
| | <input type="checkbox"/> Missing Parts Surcharge (Provisional Application) | \$50 / \$25 | \$ |
| | <input type="checkbox"/> Recordation of Assignment Document | \$40 | \$ |
| 20 | <input type="checkbox"/> Issue Fee | \$1330 / \$665 | \$ |
| | <input type="checkbox"/> Printed Patent; Number of Copies: [] | x \$3 = | \$ |
| | <input type="checkbox"/> Petition Fee Under 37 CFR 1.17(i) | | \$ |
| | <input type="checkbox"/> Terminal Disclaimer fee 37 CFR 1.20 | \$55 / \$110 | \$ |

25 **TOTAL PAYMENT:** \$ 506**Method of Payment:** Payment Enclosed Credit Card Payment Form (PTO-2038)30 **Signature of Applicant, Attorney, or Agent**

 Joshua D. Isenberg, Reg. No. 41,088
5/27/04
Date**Certificate of Express Mailing**

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